

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12445**

FILED MAR 31 1953

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **2899**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 mth	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rex Hotel 10 N.10th St.		c. CITY (If outside corporate limits, write RURAL and give township) Bartlesville, 8350	
d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) Clive b. (Middle) William c. (Last) Tyndall		4. DATE OF DEATH (Month) (Day) (Year) March 16 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH June 30, 1906
9. AGE (In years) 46 If UNDER 1 YEAR: Months Days If UNDER 4 HRS: Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy County Assessor, Washington, Co., Okla.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME William Thos. Tyndall	
13b. MOTHER'S MAIDEN NAME Lilly May Nelson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.2 & Korean	
17. INFORMANT'S SIGNATURE OR NAME Lilly May Tyndall		ADDRESS Bartlesville, Oklahoma	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:16 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Walter Perry		23b. ADDRESS 1200 Clark	
23c. DATE SIGNED 3/17/53			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 3/17/53	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Bartlesville, Okla.	
DATE REC'D BY LOCAL REG. MAR 17 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE G.R. Lupton & Son		ADDRESS 504 7233 Delmar Blvd St. Louis, Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 6 1953

APR 7 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.